

## **Annex 4.1**

### **Healthcare Organisation**

#### *England*

1. In England, 10 Strategic Health Authorities (SHAs) are responsible for healthcare in their region. This includes the development of strategies for health services in their local areas, ensuring quality and the appropriate capacity for different services. SHAs are accountable to the Secretary of State for Health, who is the government minister responsible for the NHS in England and answerable to Parliament for its work.

2. There are 152 Primary Care Trusts (PCTs) in England which are responsible for the commissioning of health services for their local population, and for the provision of a variety of primary healthcare services. PCTs handle approximately 80% of the total NHS budget, managing budgets for local services. PCTs are performance managed by the SHAs

3. NHS secondary care services are run and managed by NHS Trusts. There are three main types of trusts:

- acute trusts, providing medical and surgical care and are usually centred on a teaching or district general hospital; an acute trust may manage more than one hospital. Such trusts are managed by SHAs and accountable to the Secretary of State for Health
- mental health trusts, either providing services in hospitals or in the community;
- ambulance trusts

4. NHS Trusts are performance managed by the SHAs. Since April 2004, certain NHS trusts (the best performing hospitals) have been allowed to receive foundation status. These hospitals have greater freedoms to manage their own affairs and are accountable to the local community through a stakeholder board of Governors, rather than to the Secretary of State. Monitor is an independent body responsible for authorising, monitoring and regulating foundation trusts. Foundation Trusts represent the Government's commitment to decentralising the control of public services and are viewed as a way to improve service responsiveness and quality of care in the NHS. The conferment of foundation status has now been extended to Mental Health Trusts.

#### *Wales*

5. The Government of Wales Act 1998 (GoWA) established the National Assembly for Wales; the National Assembly for Wales (Transfer of Functions) Order 1999 transferred the majority of the powers previously exercised by the Secretary of State for Wales to the Assembly. Unlike the devolution arrangements in Scotland and Northern Ireland, GoWA does not provide for a separation of the legislature from the executive. The National Assembly for Wales is a corporate body, which exercises its functions on behalf of the Crown. The Assembly's powers include a large number of subordinate legislation-making powers but the Assembly is not currently able to make primary legislation for Wales; this remains the UK Parliament's responsibility.

6. In practice most of the Assembly's powers are exercised on its behalf by Assembly Ministers under delegation arrangements approved by the Assembly in plenary session. The Assembly holds Ministers to account for exercise of these functions, and, under standing orders, has the function of approving the Assembly's Budget.

7. In February 2002, the Assembly called for “the clearest possible separation between the Government and the Assembly which is achievable under current legislation”. Since March 2002, those (Ministers and civil servants) exercising executive powers on behalf of the Assembly have used the title “Welsh Assembly Government” to distinguish themselves from the wider Assembly.

8. Local Health Boards (LHBs) were created in April 2003; there are twenty-two Local Health Boards in Wales with responsibility for the health and well-being of their resident population. These Local Health Boards share their boundaries with Wales’ twenty-two Local Authorities (i.e. the local government). Since April 2005, Local Health Boards and Local Authorities have a statutory duty to work in partnership to develop Health, Social Care and Well-being Strategies.

9. Each Local Health Board has a widely-representative board of twenty-two people including GPs and other health professionals, members of the local authority, a patient, a carer and others. They are responsible for determining the health and well-being needs of their local population, and commissioning services from NHS Trusts, primary care and others to meet these; around three quarters of the health budget is allocated directly to Local Health Boards for this. Health Commission Wales (an arm of the Welsh Assembly Government) is responsible for commissioning specialist health services for the resident population of Wales.

10. On the 2<sup>nd</sup> April 2008, the Welsh Assembly Government issued a Consultation Paper, *Proposals to Change the Structure of the NHS in Wales*.

#### Rationale

- *One Wales* committed the Welsh Assembly Government to ‘...move purposefully to end the internal market...’, in order to improve services for patients.
- The end of the internal market in health is part of the wider Welsh Assembly Government determination to make co-operation, rather than competition, the bedrock of public service delivery in Wales.
- Proposals are designed to follow the changes already underway in the NHS.
- Three NHS Trusts have come forward with their own proposals for merger – these came into effect on the 1<sup>st</sup> April 2008:
  - Pontypridd & Rhondda and North Glamorgan NHS Trusts to form Cwm Taf NHS Trust;
  - Swansea and Bro Morgannwg NHS Trusts to form Abertawe Bro Morgannwg University NHS Trust;
  - Carmarthenshire, Ceredigion & Mid Wales and Pembrokeshire & Derwen NHS Trusts to form Hywel Dda NHS Trust.

#### Proposals

11. The Consultation Paper invites comments on the following proposed changes to the NHS in Wales:

- (i) Abolishing the Internal Market in Wales, by providing funding from the Welsh Ministers or a National Board directly to NHS Trusts and Local

Health Boards. The National Board would have oversight of the whole NHS in Wales, and would be responsible for the planning and funding of NHS services, delivered principally through reconstituted NHS trusts and Local Health Boards;

- (ii) Three options for establishing a National Health Service Board for Wales (the National Board):
  - Special Health Authority – this is an external NHS body similar in structure to LHBs and Trusts. It would be a body corporate, and would directly employ its own staff;
  - A Welsh Assembly Government Chief Executive with a Civil Service Executive Board – this is an internal body managed by civil servants and reporting to the Minister. It would effectively be an executive arm of the Welsh Assembly Government, and would have no separate legal identity;
  - A Welsh Assembly Government Chief Executive with an Independent Advisory Board – this is also an internal body with a separate Advisory Board. The Advisory Board could be established to advise the Chief Executive but any decisions made would require approval of Welsh Ministers.
- (iii) A reduction from twenty-two (22) to eight (8) Local Health Boards in Wales (including Powys Local Health Board);
- (iv) Transferring the management and provision of Community Services from NHS Trusts to Local Health Boards – this includes the provision of Community Hospitals;
- (v) The constitution and membership of the new Local Health Boards in Wales;
- (vi) The constitution and membership of NHS Trusts in Wales; and
- (vii) A possible revised model for providing shared services, such as procurement, certain legal services and estates advice across Wales.

12. Independent inspection and regulation of the health and social care systems is carried out by three inspectorates, Healthcare Inspectorate Wales, Care Standards Inspectorate for Wales, and the Social Services Inspectorate for Wales, which are all part of the Welsh Assembly Government.

13. The Care Standards Inspectorate for Wales regulates the following services:

- Care homes for adults - including homes providing nursing care
- Children's homes
- Residential family centres
- Domiciliary care agencies
- Adult Placement Schemes
- Nurses agencies
- Fostering Services

- Residential Schools and colleges
- Adoption services
- Day care services for children - including day nurseries, childminders, playgroups, out-of-school clubs, crèches and play-schemes

### *Northern Ireland*

14. Health and social care in NI is delivered on an integrated basis by the Health and Personal Social Services (HPSS), which is accountable to the Department of Health, Social Services and Public Safety. There are four health and social services (HSS) Boards which commission health and personal social services for their resident populations from a range of providers, including Trusts, voluntary organizations and private sector bodies.

15. Health and Social Care Trusts are the main providers of health and personal social services and work within the commissioning arrangements agreed with HSS Boards. Although managerially independent, Trusts are accountable to the Minister. There are 6 HSC Trusts in Northern Ireland, 5 provide hospital, community and personal social services. The Northern Ireland Ambulance Service Trust provides ambulance services for the whole of NI.

16. Recent reform of health & social care has resulted in 5 Local Commissioning Groups operating as committees of the Boards. They are made up of primary care professionals and provide local input to the planning and design of services in their areas. Consideration may be given in the future to a form of sub LCG commissioning. There are also nine agencies that provide specific regional services e.g. the Health Promotion Agency and the NI Blood Transfusion Service Agency.

### Investing for Health

17. A cross-sectoral Investing for Health Partnership has been established in each HSS Board area. These Partnerships comprise the key statutory, community and voluntary interests in the area.

18. The Partnership's role is to ensure that actions to improve health and reduce health inequalities are properly co-ordinated. Each Partnership has developed a long-term cross-sectoral Health Improvement Plan in line with the priorities set out in *Investing for Health*, to meet the identified health and well-being needs of their population.

19. The Department is currently consulting on reform proposals which include the establishment of a new regional public health agency.

20. The proposals aim to build on the work of existing partnerships between public health and other sectors, including local government and health service delivery, to enhance the capacity and capability of these partnerships to achieve demonstrable improvements in key public health indicators.

### *Scotland*

21. Powers to provide comprehensive healthcare services are conferred by the Scottish Parliament on Scottish Ministers who in turn delegate these functions to 14 area health boards, including three covering small populations in the Islands areas. Ministers fund the health boards and appoint the members of health boards. Boards employ all NHS staff. NHS Trusts ceased to exist in Scotland in 2004 and health boards now carry out the

full range of functions including planning and providing healthcare services, public health services, and health improvement.

22. These NHS Boards collaborate at a regional level through three Regional Planning Groups to ensure a rational and efficient distribution of acute and specialist health services.

23. NHS Boards have established Community Health Partnerships in order to provide a clearer focus for integration between primary care, specialist services and social care and to “shift the balance of care” from the acute sector to the community.. These multi agency and multi professional partnerships will be expected to reduce health inequalities for their local communities and improve service outcomes, with a clear remit of:

- easing access to primary care services
- taking a systematic approach to long-term conditions
- providing anticipatory care
- supporting people at home
- avoiding hospital admissions
- identifying opportunities for more local diagnosis and treatment
- enabling appropriate discharge and rehabilitation
- improving health and tackling inequalities

24. Some national functions such as ambulance services, blood donation and product manufacture, telephone health advice and the provision of secure accommodation for the mentally ill are provided by eight special health boards which cover the whole of Scotland.

### **Long-term care**

#### *England*

25. National policy on social care services is set by the Department of Health. However, services are delivered by local authorities. There are 150 councils in England, which have responsibilities for social care (district councils do not have this responsibility). Local authorities are accountable to their local communities rather than to the Department.

26. Social care is formal support provided to people to assist them in daily living. Examples of social care include meals on wheels and home helps, or support in day care, or for those unable to continue to live in their own homes, care in residential or nursing homes. It also includes support for carers, for example, by allowing them to take short breaks from their caring responsibilities. Social care services and support can help people to lead satisfying and more fulfilling lives, helping to promote social inclusion and enabling people to play a full part in society. Up to 1.5 million of people in society, at any one time, rely on social workers and support staff for help.

27. For the majority of people, local councils with social service responsibilities provide or arrange social care, although the majority of providers of social care services are private and voluntary organizations, which provide mainly residential and domiciliary care.

28. In some circumstances, people can choose to receive money from their council to enable them to arrange and manage their own social care services - giving them greater choice and control. These are known as "direct payments".

29. Social care contributes to the success of the National Health Service (NHS), as it can help prevent unnecessary admissions to hospital and inappropriate use of specialist healthcare. Social services also helps avoid episodes of delayed discharge from hospital by putting in place care packages that support the patient when they leave hospital. Councils have statutory flexibilities to provide services in partnership with NHS primary care trusts (PCTs) if they wish

#### *Wales*

30. In Wales most social services are commissioned by Local Authorities. The twenty-two Local Authorities have the legal responsibility for planning, commissioning and providing services and for safeguarding individuals. The Welsh Assembly Government is responsible for setting the policy direction, setting standards, regulating and inspecting services, providing funding and guiding local authorities on their social services functions. Most services are provided by the independent sector who have a legal duty to provide support in ways that meet individual's needs.

31. Social services and social care in Wales play a vital part in the lives of many of the citizens of Wales. They enable people to live full and independent lives, be they families who need support, children who need protection, people with disabilities or in need of long term care. Social Services make an important contribution to enabling communities to prosper and care better for their fellow citizens.

#### *Northern Ireland*

32. In tandem with the modernisation of acute hospital services there is a need to expand the range of care services that can be delivered in the community. This is in line with the strategic vision described in the Department's twenty-year strategy document 'A Healthier Future' and the objectives set out in the Department's Public Service Agreement. While the policy for social care services is determined by the Department, services are commissioned and delivered by the Health and Personal Social Services (HPSS), currently comprising four Boards, and nineteen Trusts (seven acute, eleven community/combined and one ambulance Trust). Community care services are particularly relevant for older people as they form the largest client group. With the number of people of pensionable age in Northern Ireland predicted to increase from 280,000 in 2005 to 380,000 in 2028, a key aim of the Department will be to support an increasing number of these people to live independent lives, preferably in their own homes.

33. In order to achieve this, the HPSS is being encouraged to develop effective alternatives to hospital care, which are designed to reduce inappropriate admissions and unnecessary lengths of stay. There is also a strong focus on rehabilitation alongside comprehensive, multi-disciplinary assessment of long term care needs in order to avoid unnecessary reliance on residential and nursing home care.

34. Initiatives currently under development by the Department in order to achieve its aim of supporting independent living for older people include:

- the expansion and evaluation of intermediate care as a way of working that is designed to prevent unnecessary hospital admission, promote faster recovery from

- illness, support timely discharge, maximise independent living and improve the quality of assessment of long-term health and social care needs;
- engagement with the independent sector in order to expand the use of supported living, domiciliary care, day care and assistive technologies as alternatives to residential accommodation, focusing on rehabilitation and independent living;
  - the development of a range of housing and care options for different levels of support, offering a continuum of care as people's needs change;
  - the development of a region-wide single assessment process, focused upon the person and designed to streamline and improve decision making about long-term health and social care needs and simplify access to services;
  - investment in expanding the range of flexible and responsive respite and support services for carers;
  - activity geared towards increasing the take up of Direct Payments. Instead of receiving traditional services directly from the local Health and Social Services Trust, users can opt to purchase services by means of a Direct Payment in order to tailor their support package to their individual needs.

### *Scotland*

35. Local authorities are responsible for arranging services in an appropriate setting to meet the needs of the population in their areas; ensuring information is widely available and easily accessible and for deciding how their resources should be spread out to best meet local needs and priorities. It is for local authorities to make sure that appropriate provision is available to meet these needs. They are also under a duty to draw up, in conjunction with their health partners locally, both a community care plan and a children's services plan setting out how they will meet the relevant needs of their local population.

36. Social care is formal support provided to people to assist them in daily living. Examples of social care include meals on wheels services and home helps, respite for family carers day care, or for those unable to live in their own homes, residential homes. Social care services and support can help people to lead satisfying and more fulfilling lives, helping to promote social inclusion and enabling people to play a full part in society.

37. From June 2003 every Scottish Local Authority must offer those who are eligible to receive care services an opportunity to receive self-directed support (formerly known as "direct payments") in order to give people more flexibility, choice and control over their care and encourage them to lead more independent lives. The Scottish Government is committed to increasing the uptake of self-directed support, which is an important element of a modern person-centred care system."

38. Scottish community care policy has long been to maintain those who wish to do so in their own homes, or in homely settings in the community, wherever possible. In support of that, the NHS has worked with local authorities to increase services to vulnerable people and their family carers in their own homes and has reduced long-stay hospital provision for older people. Thus there has been a shift in provision away from NHS long-term care towards care homes and complex packages of care delivered at home and nursing home care to care at home.

39. In Scotland a number of major building blocks, which give us a national framework for development of services for older people:

- *Better Outcomes for Older People: Framework for Joint services* (May 2005)

- establishment and development of Community Health Partnerships, which will play a significant role in the planning and provision of NHS and related services provided for older people and their carers in local communities.
- preparation of a Toolkit on Long Term Care, which will be mandatory advice for Community Health Partnerships to ensure consistency of approach across CHPs in providing services in response to long-term conditions (largely, of course, about older people and their family carers);
- preparation of a Framework for rehabilitation, on which work is starting and which, again, will benefit older people particularly;
- the development in 2006 of a risk prediction tool to identify those people, often elderly, who require additional co-ordinated care in the community. By the end of 2007 all NHS Boards will provide this type of care to the most vulnerable to prevent avoidable hospital admission (a Kerr Report response);

40. National policy on social care services is set by the Scottish Government Health Directorates. However, services are delivered by local authorities.

41. *Changing Lives*, the 21st Century Social Work Review set out a strategy for developing social work services. The strategy is focused on an integrated approach, which recognises the need for much more effective collaboration between health and social work services to support vulnerable people and their carers. It also recognised the need for more focus on prevention rather than crisis response, and the need to personalise services around the needs of the individual. Implementation of the recommendations will be taken forward in tandem with the implementation of Delivering for Health.